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Bib Data Sheet

CONFIRMATION NO. 3919

| SERIAL NUMBER 10/552,061 | FILING OR 371(c) DATE 10/04/2005 RULE | CLASS 514 | GROUP ART UNIT 1649 | ATTORNEY DOCKET NO. 00005.001277 | |
|--|---|------------------------------|--|--|----------------------------|
| APPLICANTS Tsuyoshi Morishita, Tokyo, JAPAN; Kazuhiro Sakurada, Kanagawa, JAPAN; Keiko Suzuki, Tokyo, JAPAN; Shun-ichi Ikeda, Tokyo, JAPAN; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/JP04/05503 04/16/2004 <i>CW 1/8/07</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** JAPAN 2003114579 04/18/2003 <i>CW 1/8/07</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/19/2006 | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged <i>Charles J. J. CW</i> Examiner's Signature Initials | | STATE OR COUNTRY JAPAN | SHEETS DRAWING 0 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 2 |
| ADDRESS 5514 | | | | | |
| TITLE Drug for nerve regeneration | | | | | |
| FILING FEE RECEIVED 3110 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |